PTOISB22 (12-04)
Approved for use through 7/51/2006, 0MB 0551/0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005			Docket Number (Optional)	
			219002030902	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)				
Application Number 10/749,706		Filed December 31, 2003		
For METHOD FOR TREATING IMPAIRED KIDNEY FUNCTION (AS AMENDED)				
Art Unit 1647			Examiner	C. Saoud
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
One month	(37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	\$
X Two month	s (37 CFR 1.17(a)(2))	\$450	\$225	\$ 450.00
Three months (37 CFR 1.17(a)(3))		\$1020	\$510	\$
Four months (37 CFR 1.17(a)(4))		\$1590	\$795	\$
Five months (37 CFR 1.17(a)(5))		\$2160	\$1080	\$
Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account.				
Deposit Account Number 03-1952 Have enclose			d a duplicate copy of the m (PTO/SB/17) is attact	is sheet. Fee
I am the	applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
x attorney or agent of record. Registration Number			44,957	_
attorney or agent under 37 CFR 1.34.				
Registration number if acting under 37 CFR 1.34				
/James J. Mullen/			January 16, 2007	
Signature			Date	
James J. Mullen, III Typed or printed name			(858) 720-7940 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more trans one signature is required, see below.				
X Total of	1 forms are submitte	d.		

Approved for use through 7.51/2006. CMB 065+0104

U.S. Patient and Tademark Office U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless of displays axial CMB corrict on the